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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/616,829 07/10/2003  
 which is a CIP of 10/189,326 07/02/2002  
 which is a CIP of 09/900,218 07/06/2001 PAT 6,664,528  
*TSE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None* *TS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <i>TS</i> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY OH	SHEETS DRAWING 26	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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TITLE  
 Imaging system and methodology

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